

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re:

CHERYL A. MANIACICase No. 17-40789Chapter 7

Debtor. /

Plaintiff,

-v-

COMERICA BANKAdv. Proc. No. 17-4375-PJS

Defendant. /

APPLICATION FOR PRO BONO COUNSEL

I hereby request the Court to appoint counsel to represent me in an adversary proceeding. I am the

☒ defendant and have been sued by someone else who objects to my discharge or seeks an exception to my discharge, pursuant to 11 U.S.C. § 523(a) or § 727 (a); or

☐ plaintiff and request an exception to the defendant's discharge based on my assertion that the debt is one for alimony or child or spousal support, pursuant to 11 U.S.C. § 523(a)(5) or (15).

In further support of this application, I answer the following questions.

1. Are you presently employed? Yes ☒ No ☐

If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

APPLICANT:

Gross Monthly Income \$ 3500 (approximately) - current
 Employer Name: Tory Burch
 Address: 2801 W. Big Beaver Rd, C153
Tray, MI 48084

JOINT APPLICANT:

Gross Monthly Income \$ _____
 Employer Name: _____
 Address: _____

2. Within the past twelve months have you received or are you currently receiving any money

Note: If you are the debtor/defendant and your circumstances have changed since the initial filing of Schedules I and J, you must file and attach amended Schedules I and J.

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 U.S. BANKRUPTCY COURT
 E.D. MICHIGAN-Detroit

from any of the following sources?

- | | | |
|----|---|---|
| a. | Unemployment Benefits | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| b. | Social security, worker's compensation or disability payments | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. | Business, profession or other form of self-employment | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. | Rent payments, interest or dividends | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| e. | Pensions, annuities or life insurance payments | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| f. | Gifts or inheritances | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| g. | Tax Refund | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| h. | Any other income sources | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

3. If you have answered yes to any of the above in question 2, list each source and state the amount received each month for the past twelve months.

Name the Source	\$ Amount per month
N/A	

- 4(a). Do you have any cash on hand, or in a checking or savings account?
Yes ☐ No ☒

- (b). If the answer is yes to 4(a) state the total amount of each.

☐ Cash on hand \$ N/A Account(s) ☐ \$ N/A ☐ \$ N/A
Checking Savings

- 5(a). Do you own any real estate, stocks, bonds, notes, automobiles, life insurance policies (cash value), 401k plans or other valuable property (excluding ordinary household furnishings and clothing)?
Yes ☐ No ☒

- (b). If the answer is yes to 5(a), describe each property and state its approximate value. N/A

Property	Value	Property	Value
House		Bonds	
Vehicle		Notes	
Rental Property		Insurance Policy	
401K Plan		Other Valuable Property	
Stocks			

6. List the persons who are dependent upon you for support; state the age and your relationship to those persons, and indicate how much you contribute toward their support. If you are married include your spouse. **DO NOT LIST THE NAMES OF MINOR CHILDREN.**

Age	Your Relationship to Dependent Person
62	Spouse (disabled) 100%
27	Son 100%

I declare under penalty of perjury that the foregoing is true and correct.

CHERYL MANIACI
Please Print Name


Signature of Applicant

Please Print Name (Spouse, if applicable)

Signature of Applicant (Spouse, if applicable)

796 LOCHMOOR BLVD
Current Address

GROSSE POINTE WDS, MI 48236
City/State/ZIP

(313) 884-7676
Telephone Number

Date 7/24/17